STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
www.mh.alabama.gov

February 5, 2021

RFP 2021-21

Dear Vendor:

The Alabama Department of Mental Health (ADMH) is soliciting proposals to **implement the Center for Substance Abuse Prevention (CSAP) prevention strategies** in 4 regional areas within the State of Alabama **to develop a sustainable data-driven prevention prepared community college system**. Proposals will be accepted until **Friday, March 12, 2021 at 2:00 pm**.

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent.

When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature. Submissions should be delivered to:

> AL Department of Mental Health
> Office of Contracts & Purchasing
> 100 North Union Street, Suite 570
> Montgomery, AL 36104

MAILING NOTE: Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

Sincerely,

Cedric Harrison

Cedric Harrison, Purchasing Director
Office of Contracts & Purchasing

Organization: Alabama Department of Mental Health (DMH)

RFP Closing Date: **Friday, March 12, 2021 at 2:00 pm**
                          Emailed or faxed responses are <u>not</u> accepted.

RFP Contact Info: Leola Rogers
                          DMH Office of Contracts & Purchasing
                          RSA Union Building
                          100 North Union Street, Suite 570
                          Montgomery, AL 36104
                          Telephone Number (334) 353-7440
                          Fax Number (334) 353-7090
                          Email: leola.rogers@mh.alabama.gov

<u>**MAILING NOTE:**</u>
Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, <u>or</u> hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

ADDITIONAL INFORMATION

1. Who **may** respond to this RFP? DMH Certified and/or Contracted Prevention Providers.
2. Who **may not** respond to this RFP? Individuals, current DMH evaluators, Employees of DMH, and current State employees.
3. In order to transact business in the State of Alabama all businesses **domestic** and **foreign** must be registered with the Alabama Secretary of State Office. (**Domestic** means within the State of Alabama. **Foreign** means out-of-state.) **Website:**   www.sos.alabama.gov
4. If contracted with the State of Alabama, all vendors must enroll **and** actively participate in E-Verify. **Website**: https://www.e-verify.gov/
5. All vendors must register with STAARS Vendor Self Service. **Website**: https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService
6. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.

Note: 310 Boards may only apply for their designated area(s) unless there is a formal agreement with another 310 Board to provide prevention services in the area.

DATES and DEADLINES

RFP #2021-21:

<div align="center">Prevention Services within the Community College System</div>

Date	Item	Methods
February 5, 2021	RFP Release	USPS, ADMH Website, and STAARs website
February 16, 2021 by 2:00 pm CST	Deadline to submit RFP questions or requests for clarification in Word	Email to leola.rogers@mh.alabama.gov
February 19, 2021	RFP Q&A to be posted for review	ADMH website www.mh.alabama.gov
March 12, 2021 2:00 pm	RFP Closing Date	USPS or FedEx or UPS (Review mailing note)
March 12, 2021 2:00 pm	RFP Submissions: Two. **one** (1) signed original <u>and</u> **one** (1) electronic copy on a USB Flash Drive.	USPS or FedEx or UPS (Review mailing note)
End of April 2021 Approximately	Notification of selection status	USPS (In writing)

Submit RFP Responses To:
AL Department of Mental Health
Office of Contracts & Purchasing
RSA Union Building
100 N. Union Street, Suite 570
Montgomery, AL 36104

Request for Proposal (RFP)

The Alabama Department of Mental Health (DMH), Division of Mental Health and Substance Abuse Services (DMHSAS), Office of Prevention is seeking proposals from DMH certified prevention providers to provide Prevention Services within the State of Alabama's Community College System.

I. INTRODUCTION

Alabama Acts 1965, No. 881, section 22-50-2. Its purpose is to provide for the diagnosis, treatment, rehabilitation, follow-up care, prevention and research into causes of all forms of mental or emotional illness, which includes alcoholism, drug addiction, epilepsy, and intellectual disabilities. DMH has the statutory authority to supervise, coordinate, and establish standards for all operations and activities of the state related to mental health and the provision of mental health services.

The DMH/DMHSAS, Office of Prevention is seeking proposals from DMH certified prevention providers to implement prevention services aimed at preventing the onset and reducing the progression of substance use and reduction of substance use-related problems at the community college level through utilization of the Substance Abuse Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention's (CSAP) strategies for prevention to impact 18-25 year olds, based on identified risk and protective factors. Proposals are sought for the State of Alabama to include all four (4) regions within the state utilizing an equitable regional distribution. See specific counties by region in Appendix 1 Regional Map. Proposals will be written to address the four (4) regional areas and the community college(s) within based on identified need. The primary physical location of the applicant agency must reside within the region of application and the primary physical location of the applicant must be within 30 miles of the campus served. Up to $2,500,000 is made available to fund the total proposal. Specific funding amounts are contained in Appendix 2 Funding Allocation Amounts by Region. Funding for this proposal is subject to availability of funds provided by the Substance Abuse Prevention and Treatment Block Grant (SABG) and administered by DMH / DMHSAS Office of Prevention.

II. BACKGROUND

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and costs to society resulting from substance use and mental illnesses. SAMHSA was established by Congress under Public Law 102-321 on October 1, 1992, to strengthen the nation's health care capacity to provide prevention, diagnosis, and treatment services for substance use and mental illnesses. SAMHSA works in partnership with states, communities, and private organizations to address the needs of people with substance use and mental illnesses as well as the community risk factors that contribute to these illnesses.

SAMHSA serves as the umbrella under which substance use and mental health service centers are housed, including: The Center for Mental Health Services (CMHS), The Center for Substance Abuse Prevention (CSAP), and The Center for Substance Abuse Treatment (CSAT).

During the 2016 Alabama Substance Abuse Prevention and Synar System Review, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) encouraged the increase in efforts to engage higher education stakeholders in primary prevention initiatives.

Note: 310 Boards may only apply for their designated area(s) unless there is a formal agreement with another 310 Board to provide prevention services in the area.

The review assessed how the state's prevention system addresses state needs against its ability to improve substance use indicators and outcomes measured by SAMHSA's National Outcome Measures. As a result of this review and its feedback it was determined that Alabama needed to specifically address higher education populations.

Based on the SAMHSA National Survey on Drug Use and Health (NSDUH), 6.6% of 18 to 25 years old in Alabama reported illicit drug use other than marijuana in the past month while 17.7% of marijuana use in the past month. Among Alabamians 18-25 years old pain reliever misuse in the past year was 7.9%. Across Alabama, reported drug usage varies based on drug type and region for age group 18-25 years old. See chart below.

Age Group 18-25	Illicit Drug Use in the Past Month	Marijuana Use in the Past Month	Illicit Drug Use Other Than Marijuana in the Past Month	Cocaine Use in the Past Year	Pain Reliever Misuse in the Past Year	Alcohol Use in the Past Month	Binge Alcohol Use in the Past Month
Alabama	19.98	17.67	6.61	4.15	7.88	49.72	30.41
Region 1	18.70	16.50	7.06	4.41	8.71	46.96	29.58
Region 2	20.12	18.33	6.13	4.55	7.77	53.91	33.03
Region 3	21.17	18.80	5.78	3.59	6.68	51.98	32.27
Region 4	20.10	16.86	7.68	3.77	8.32	44.04	25.30

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2016-2018.
Note: Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

The Office of Prevention supports SAMHSA's Strategic Plan – FY2019-FY2023 that include priorities to advance prevention, treatment, and recovery support services for substance use. The Office of Prevention seeks programs that practice evidenced-based prevention activities. These activities must be carried out in an intentional, comprehensive, and systematic way, in order to impact a large number of people based on identified risk and protective factors. A mix of CSAP strategies for prevention must be employed to successfully prevent the onset and reduce the progression of substance use and reduction of substance use-related problems. Greatest emphasis should be placed on environmental strategies, community-based processes, and then followed by the other strategies (information dissemination, alternatives, education, and problem identification and referral).

Proposals should consider how to focus efforts primarily on high-risk populations and those with behavioral health disparities. Examples include:

1. high-risk population;
2. college students;
3. transition-age youth;
4. American Indian/Alaska Natives;
5. ethnic minorities experiencing health and behavioral health disparities;
6. service members, veterans, and their families;
7. LGBT;
8. Other.

Based on emerging alcohol and drug trends, along with goals of the SAMHSA, the identified priorities for funding are listed below. One and/or a combination of multiple priorities should be implemented. The priorities are:

1. Promote emotional health and wellness, prevent or delay the onset of complications from substance use and mental illness and identify and respond to emerging behavioral health issues;
2. Prevent and reduce underage drinking and young adult problem drinking;
3. Prevent and reduce attempted substance-related suicides and deaths by suicide (emphasis on populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives); and/or
4. Prevent and reduce prescription drug and illicit opioid misuse and abuse.

DMH is now accepting proposals to implement the CSAP prevention strategies in 4 regional areas within the state of Alabama to develop a sustainable data-driven prevention prepared community college system that serves the individual, educational system, and the State as a whole, based on the needs of Alabamians. The goal is to effectively implement culturally competent, sustainable, community college focused, evidence-based prevention services for 18-25 year old targeted populations within defined geographic areas. The Strategic Prevention Framework (SPF) will be utilized for the development of the execution of planning and implementation of these strategies. Utilization of the SPF will lead to implementing evidence-based programs, policies and practices (EBPPPs). The EBPPPs will coincide with the CSAP strategies.

The primary focus of substance abuse prevention programs as typified by Hogan, Gabrielsen, Luna and Grothaus (2003)[1] is to reduce or prevent substance use. Thus, it is important to address risk and protective factors within the six prevention domains (individual, family, peer, school, community, and society/environmental). Prevention addresses the reduction of risk factors and seeks to enhance or increase protective factors. The risk and protective factor framework should be utilized in the effective planning of prevention programming.

The SPF is a community-based approach to substance use prevention that cuts across existing programs and systems. SPF executes a data-driven, five-step process to include Assessment, Capacity, Planning, Implementation and Evaluation. Sustainability and cultural competence are woven throughout the five steps of the SPF:

1. Assessment

The SPF Assessment is the first step of Alabama's SPF process. The assessment step provides guidance questions to get a clearer understanding of the problems, needs, resources and readiness of communities to address community problems. During this process, community capacity and readiness is determined to utilize the necessary resources to address the problems in ways that can be sustained over time. This process will be heightened by mobilizing community leaders and other key stakeholders across disciplines and communities. The establishment and identification of data sources and partnerships will enhance sustainability beyond SPF.

Assessment involves the systematic gathering and examination of data related to substance use and related problems, as well as related conditions and consequences in the community. Assessing the problems means pinpointing where the problems are in the community, as well as the populations that are affected. It also means examining the conditions within the community

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[1] Hogan, J. A., Gabrielsen, K. R., Luna, N., & Grothaus, D. (2003). Substance Abuse Prevention: The Intersection of Science and Practice. Boston, MA: Allyn and Bacon.

that put it at risk for problems, and identifying conditions that now or in the future could protect against the problems. Based on the assessment of need, resources, and readiness, this will help you identify the priority(ies) on which to focus prevention efforts.

Assessment allows you to identify what risk and protective factors are to be addressed which will fold into the goal(s)

- Identify risk and protective factors to be addressed. If a community risk assessment has been completed, and priority risk and protective factors identified, then the goals of the prevention program are the reduction of those priority and risk factors and enhancement of the protective factors.

2. Capacity

SPF Capacity is the second step of Alabama's SPF process. Capacity is the ability to mobilize the community and resources to address the needs identified through the assessment. By building an inclusive multi-sector partnership, establishing a culture of commitment, educating key stakeholders and identifying and securing resources, Alabama's capacity will extend beyond SPF. The ultimate goal is to not create an environment of burnout of a few people, but rather active engagement of various sectors creating steady, sustained efforts over time.

Communities must have the capacity—that is, the resources and readiness—to support the prevention programs, policies, and strategies they choose to address identified substance use problems. Capacity will not only improve the effectiveness of prevention activities in the short term, but also help to ensure the sustainability of prevention efforts. Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Capacity addresses who are your partners and stakeholders and what each partner / stakeholder providers that will aid the prevention programming.

3. Planning

Planning is the third step of Alabama's SPF process. This step involves creating a logical, data-driven plan. Understanding that many funding sources are short-term in nature, specific strategies will be employed to develop an action plan to help ensure long-term sustainability. Resources and competencies to include financial, political, administrative, and managerial will be considered in attaining long-term goals. Adaptability to changing conditions in funding and policy environments will also play an integral planning role regarding long-term sustenance.

Planning is pivotal to prevention success. Planning will increase the effectiveness of prevention efforts—by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction, as needed. If done carefully, planning will also make future evaluation tasks much easier. Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance use prevention needs of the community. Planning identifies the CSAP strategy(ies), target population(s) and the Institute of Medicine (IOM) group identifier (universal, selective, or indicated) for the services targeting the population. It provides for the plan, how the plan will be implemented, goal, and objectives.

In planning, consider how these plans will lead to expected outcomes. A very common problem in prevention programs is selecting program activities and strategies that do not lead logically to the goals or outcome that the program would like to achieve. As a result, it is essential that the assumption of why and how a program is expected to lead to the desired changes be delineated.

What immediate changes are expected for individuals, organizations or communities? (Short-term outcomes). Immediate changes expected for the individual, organizations, or communities must be identified. The short-term outcomes are likely to include some, if not all of the risk and protective factors that were specified as program goals in the first question. What changes would the program ultimately like to create? (Long-Term impacts) Long-term impacts identified here should relate to the program's goals, target population, and short-term outcomes. The long-term impacts for substance use prevention programs are typically related to substance use.

4. Implementation

SPF Implementation is the fourth step of Alabama's SPF process – putting your plan into practice. Here you carry out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. Based on the identified plan, what activities will address the targeted population, in what community, size and type of community. Detail the EBPPPs that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs. Implemented strategies will be detailed on the Prevention Activity Sheet and information submitted through the DMH Alabama Substance Abuse Information System (ASAIS). Additional data reports are required in the information system.

5. Evaluation

Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail

Evaluation is the final step of Alabama's SPF process. The evaluation component is crucial because it tells you what works, what doesn't work, what to improve and how to improve it. Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Evaluation helps organizations recognize what they have done well and what areas need improvement.

There must be clear linkage between each step of the SPF process. The assessment must include current capacity and readiness to utilize the program/strategy identified in the plan. Implementation must be clearly identified and relate to the plan. There then must be a clear description of how this process will be monitored and evaluated. Equally, sustainability and cultural competence are integral components that are woven throughout the SPF.

Sustainability is the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term.

Cultural Competence is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. This dynamic process requires cultural knowledge and skill development at all service levels, including policymaking, administration and practice.

Sustainability and cultural competence should be a constant throughout each step of planning and implementation and should lead to the creation of a long-term strategy to sustain effective policies, programs and practices.

The five steps of SAMHSA's SPF along with sustainability and cultural competence are designed to help states and communities build prevention competencies and the infrastructure necessary to implement and sustain effective prevention programs, policies and practices. For more detailed information on the SPF process, please web search and reference "Guide to SAMHSA's Strategic Prevention Framework."

The SPF is grounded in the public health approach and based on six key principles; thus, prevention programming is guided by these six principles:

1. Prevention is an ordered set of steps along a continuum to promote individual, family, and community health, prevent mental and behavioral disorders, support resilience and recovery, and prevent relapse. Prevention activities range from deterring diseases and behaviors that contribute to them, to delaying the onset of disease and mitigating the severity of symptoms, to reducing the related problems in communities. This concept is based on the IOM model that recognizes the importance of a whole spectrum of interventions.

2. Prevention is prevention is prevention. That is, the common components of effective prevention for the individual, family or community within a public health model are the same – whether the focus is on preventing or reducing the effects of cancer, cardiovascular disease, diabetes, substance use or mental illness.

3. Common risk and protective factors exist for many substance use and mental health problems. Good prevention focuses on these common risk factors that can be altered. For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance use, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. Risk and protective factors exist in the individual, the family, the community, and the broader environment.

4. Resilience is built by developing assets in individuals, families, and communities through evidenced-based health promotion and prevention strategies. For example, youth who have relationships with caring adults, good schools, and safe communities develop optimism, good problem-solving skills, and other assets that enable them to rebound from adversity and go on with life with a sense of mastery, competence, and hope.

5. Systems of prevention services work better than service silos. Working together, researchers and communities have produced a number of highly effective prevention strategies and programs. Implementing these strategies within a broader system of services increases the likelihood of successful, sustained prevention activities. Collaborative partnerships enable communities to leverage scarce resources and make prevention everybody's business. National prevention efforts are more likely to succeed if partnerships with States, Tribes, communities, and practitioners focus on building capacity to plan, implement, monitor, evaluate, and sustain effective prevention.

6. Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and effectiveness of prevention efforts. A Strategic Prevention Framework can facilitate Federal agencies, States, Tribes, and communities to identify common needs and risk factors, adopt assessment tools to measure and track results, and target outcomes to be achieved. A data-driven strategic approach, adopted across service systems at the Federal, State, Tribal, community, and service delivery levels, maximizes the chances for future success and achieving positive outcomes.

III. **TARGET POPULATION**

The target population for this proposal will be 4 regional areas that encompass community colleges within the State of Alabama. The proposal must address *one or more of the following priorities for the region and the identified community college within the region:* promote emotional health and wellness, prevent or delay the onset of complications from substance use and mental illness and identify and respond to emerging behavioral health issues; prevent and reduce underage drinking and young adult problem drinking; prevent and reduce substance-related attempted suicides and deaths by suicide (emphasis on populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives); and/or prevent and reduce prescription drug and illicit opioid misuse and abuse. Proposals are accepted by regional area and the single proposal shall be developed in a way that addresses the identified community college within the region.

Applications must reflect a clear understanding of the priority and demonstrate an ability to utilize the SPF to implement and sustain culturally specific EBPPPs that will address the identified priority(ies) with consideration given to high-risk populations, populations in tribal communities; and/or military families.

IV. **PROGRAM GOALS**

Through implementation of this project, the DMH/DMHSAS is striving to accomplish the following goals:

1. Prevent the onset and reduce the progression of substance use and reduction of substance use-related problems;
2. Implement strategies for prevention through adoption of the SPF to impact large numbers of people, based on identified risk and protective factors; and
3. Build capacity through sustainable culturally competent prevention prepared communities to address one or more of the priorities.

V. **CONTRACTUAL LIMITATIONS**

Any and all contracts resulting from this RFP shall be annual, expiring with the end of the state fiscal year, September 30. All contracts shall be subject to availability of funds and continuation of this project. Continuation of this project is anticipated through FY26. All contract awards will be contingent upon the successful submission and approval of a prevention plan[2]. Should the funding or service requirements relative to this project be altered, contracts will be amended, accordingly.

VI. **VENDOR ELIGIBILITY**

Applicants must meet the following eligibility criteria in order to submit a proposal in response to this RFP:

1. Be certified to provide substance use prevention services by the DMH/DMHSAS.

VII. **PROPOSAL REQUIREMENTS**

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[2] No funds will be released without the timely successful submission and acceptance of a prevention plan in accordance with Prevention Standards. Upon notification of award, the prevention plan due date and parameters will be communicated.

The DMH/DMHSAS, Office of Prevention is seeking proposals from DMH certified prevention providers to implement prevention services aimed at preventing the onset and reducing the progression of substance use and reduction of substance use-related problems at the community college level through utilization of the SAMHSA's CSAP strategies for prevention to impact 18-25 year-olds based on identified risk and protective factors. Proposals are sought for 4 regional areas inclusive of community college programs within the State of Alabama.

The proposal shall be developed following the outline below. Each section, A-H, in the Statement of Work must be addressed, and appendices provided where indicated.

The information provided under each heading explains the intent of the section and/or describes the minimum information you are required to provide. Although minimum requirements must be addressed, it is the responsibility of the applicant to insure that each response thoroughly describes the strategies, and approaches, or provides other relevant information to insure that the topic of the section is fully and distinctly addressed.

Information in **Bold Type** in each section provides the evaluation criteria for review and scoring of the application. The proposal should be single-spaced, using a standard 12-point font (Times New Roman is preferred) with 1-inch margins, and should **not exceed the page requirements listed below.**

STATEMENT OF WORK

A. Cover Page
Applicants should provide a cover page that includes:
- Submitting agency;
- Contact person;
- Address, phone number, fax number, and email of contact person;
- Date of submission; and
- Regional area.

Not to exceed 1 page.   **Review Criteria: 5 Points**
The applicant organization provides the listed requirements within the page limit specified.

B. Abstract
Applicants must provide up to two page abstract within the region that includes:
- the priority(ies) being addressed by region/community college;[3]
- the prevention strategies to address *the priority(ies)* by region/community college;
- who the priority(ies) will primarily focus on *i.e.* high-risk population; college students; transition-age youth; American Indian/Alaska Natives; ethnic minorities experiencing health and behavioral health disparities; service members, veterans, and their families; LGBT individuals; or other data driven population by region;
- an overview of the goals for the priority(ies) by region/community college;
- anticipated number of people to be served by region/community college; and
- a summary of the project (In the introduction of your abstract, include summary of your project that can be used, if your project is funded, in publications, reporting to federal partners, or press releases.) by region.

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[3] Priorities, strategies, and primary focus identifiers are found on page 6 of this document.

Not to exceed 10 pages.[4]   **Review Criteria: 5 Points**
The applicant organization provides the listed requirements within the page limit specified and demonstrates a clear understanding of the need to implement the prevention strategies to address identified priority(ies).

C. SPF Steps 1 - 5

Using the provided template (Appendix 3), applicants must develop and describe their efforts to utilize the SPF model to address SPF Steps 1 through 5 for the priority(ies) through demonstration of data. A single CSAP strategy can be used; however, a comprehensive approach is desired that utilizes multiple strategies to address the priority(ies). While it is important to incorporate a comprehensive approach to serve identified target populations in more than one domain it is not mandatory to implement all six strategies. Strategy selection(s) should be based on identified community college needs in correlation to the agency's capacity to address those needs.

Review Criteria: 45 Points
The applicant organization completes the provided template (Appendix 3) describing which CSAP strategy(ies) will be utilized to address the identified priority(ies). The assessment data is comprehensive and gleaned from multiple national, state, county, city, municipality, and etc. data sources and is comprehensive in nature, clearly supporting the selection of the area of focus and the selected priority. Capacity to implement is articulated in the named stakeholders. Weighted scoring will be based upon the following rubric.

3+ Strategies, Data & Capacity	2 Strategies, Data & Capacity	1 Strategy, Data & Capacity
45 points	30 points	20 points

D. Personnel

Applicants should provide a listing of personnel in a table format that meet the requirements set forth in Chapter 580-9-47 Prevention Standards section 580-9-47-.02 located at http://www.mh.alabama.gov/Downloads/SAPV/PreventionStandardsFiled082213.pdf .This listing should include:

- name;
- number of years of substance use prevention, treatment or mental illness specific experience (with preference on substance use prevention);
- education;
- credentials (if any i.e. Certified Prevention Manager, Certified Prevention Specialist, Associate Prevention Specialist, etc.);
- level of effort to the proposed programming (i.e. 100% Full Time Employee (FTE), 50% FTE, 20% FTE, etc.); and
- position.

In a separate attachment with a cover sheet titled: Personnel Resumes and Transcripts, the resumes and transcripts shall be provided for each personnel listed within the table. In a separate attachment with a cover sheet titled: Continuing Education (CE), documentation of most up to date CE for each personnel listed within the table shall be included for the

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[4] If the region has 1 college of consideration, your abstract can be 2 pages in length; 3 colleges of consideration in a region, then the abstract can be up to 6 pages in length, etc.

following prevention specific CE areas: ethics, HIV/AIDS, and managing disruptive audiences.

Review Criteria: 20 Points
The applicant organization provides the listed requirements demonstrating capacity to implement the proposed programming. Maximum scoring will be computed based on staff members who have required CEUs in the outlined coursework, attained prevention credentials, with consideration to years of experience and education.

E. Compliance
Applicants should provide a copy of the prevention specific certification site review sheet which indicates the period of certification recommended i.e. provisional, one year, or two years for the last five site visits (newly established agencies, provide review sheets for the number of visits since establishing certification to include initial operating authority). This information should be in a separate attachment with a cover sheet titled: Performance Compliance.

Review Criteria: 50 Points
The applicant organization provides the listed requirements. Weighted scoring will be based upon the following rubric.

2-Year Certification	1-Year certification	6-Month/Provisional
Year 1 – 10 points	Year 1 – 5 points	Year 1 – 2.5
Year 2 – 10 points	Year 2 – 5 points	Year 2 – 2.5
Year 3 – 10 points	Year 3 – 5 points	Year 3 – 2.5
Year 4 – 10 points	Year 4 – 5 points	Year 4 – 2.5
Year 5 – 10 points	Year 5 – 5 points	Year 5 – 2.5

F. Performance Sustainability
Applicant should provide a listing in a table format for the last five years (2020, 2019, 2018, 2017, 2016) to include name of award, awarding entity, designation of awarding entity (i.e. federal, state, local or private), year of award, number of years awarded, and monetary value of all _prevention specific_ grants or funding outside of the SABG received in the last five years from federal, state, local, and private foundations, etc. for example but not restricted to: Drug Free Community, Partnership for Success, Service to Science, State Opioid Response, Strategic Prevention Framework for Prescription Drugs, Continuation Grants, etc. This information should be in a separate attachment with a cover sheet titled: Performance Sustainability.

Review Criteria: 35 Points
The applicant organization provides the listed requirements within in a table format. Weighted scoring will be based upon the following rubric.

3+Additional Funding Streams	2 Additional Funding Streams	1 Additional Funding Stream
Year 1 – 7 points	Year 1 – 3.5 points	Year 1 – 1.75
Year 2 – 7 points	Year 2 – 3 5 points	Year 2 – 1.75
Year 3 – 7 points	Year 3 – 3.5 points	Year 3 – 1.75
Year 4 – 7 points	Year 4 – 3.5 points	Year 4 – 1.75
Year 5 – 7 points	Year 5 – 3.5 points	Year 5 – 1.75

G. *Performance Awards and Recognition

Applicant should provide a listing in a table format for the last five years (2020, 2019, 2018, 2017, 2016) to include name of recognition, awarding entity, designation of awarding entity (i.e. federal, state, local or private), year of recognition, of all _prevention related_ recognitions received by the agency in the last five years from federal, state, local, and private foundations for example but not restricted to: CADCA, NPN, ASADS, etc. This information should be in a separate attachment with a cover sheet titled: Performance Awards and Recognition.

Note: A 5-point deduction will be instituted for applicants that have not met the ADMH Office of Prevention deliverables within a timely manner in FY'19-FY'20, to include, but not limited to, reporting deadlines and prevention plan approval. If an applicant receives a 5-point deduction, the maximum allowable for the performance awards and recognition category is 10 points.

Review Criteria: 15 Points
The applicant organization provides the listed requirements within in a table format. Weighted scoring will be based upon the following rubric.

3+Awards/Recognitions	2 Awards/Recognition	1 Award/Recognition
Year 1 – 3 points	Year 1 – 1.5 points	Year 1 – 0.75
Year 2 – 3 points	Year 2 – 1 5 points	Year 2 – 0.75
Year 3 – 3 points	Year 3 – 1.5 points	Year 3 – 0.75
Year 4 – 3 points	Year 4 – 1.5 points	Year 4 – 0.75
Year 5 – 3 points	Year 5 – 1.5 points	Year 5 – 0.75

H. Budget

Using the provided template (Appendix 4), applicants should provide a detailed budget that demonstrates by line item the proposed utilization of funding towards the CSAP strategies (information dissemination, environmental, community based processes, education, problem identification and referral and alternatives), travel, contractual, and operating expense utilizing the template provided. A narrative justifying the travel, contractual, and operating expense should be included. A minimum of 80% of the total award must be designated towards CSAP strategy implementation with the identified college campus.

Review Criteria: 25 Points
The applicant organization budget utilizes the provided template (Appendix 4)**, reflects realistic costs for the provision of implementation of the programming and clearly delineates funds that will be used to implement the project within the parameters provided (travel does not exceed 5% of total budget and operating does not exceed 15% of total budget) reflecting a good cost/benefit ratio.**

VIII. REVIEW CRITERIA

The DMH reserves the right to request necessary amendments, reject any and all proposals received, or cancel this RFP according to the best interest of the DMH.

The DMH, also, reserves the right to waive any informality in this process, providing such is in the best interest of the DMH. Where the DMH may waive any informality, such waiver shall in no way modify the RFP requirements or excuse the applicant from full compliance with the contract.

All proposals, which satisfactorily meet the submission requirements specified in item "**IX**" below, will be evaluated based upon the criteria indicated in each section of the Statement of Work.

IX. SUBMISSION REQUIREMENTS

Proposals shall be submitted in the following written format:

STATEMENT OF WORK:

Each item listed in the RFP under the statement of work (A-H) must be addressed. Section dividers shall delineate each area with the required cover pages titled accordingly.

COVER PAGE:

Shall include the submitting agency; contact person; address, phone number, fax number, and email of contact person; date of submission; and region.

TABLE OF CONTENTS:

Page numbers shall be listed for each of the major sections of the proposal, including each Appendix.

ABSTRACT:

Shall include the items listed from section B of the RFP.

SPF Steps 1-5:

Shall include the items listed from section C of the RFP using the template provided from Appendix 3.

PERSONNEL:

Shall include the items listed from section D of the RFP.

COMPLIANCE:

Shall include the items listed from section E of the RFP.

PERFORMANCE SUSTAINABILITY:

Shall include the items listed from section F of the RFP.

PERFORMANCE AWARDS AND RECOGNITION:

Shall include the items listed from section G of the RFP.

BUDGET:

Shall include the items listed from section H of the RFP using the template provided from Appendix 4.

LITERATURE CITATIONS:

Complete citations shall be provided for any literature referenced in your proposal.

APPENDICES:

Include any appendix(es) listed in the guidelines for the Statement of Work.

In the event it becomes necessary to revise any portion of the RFP, DMH will post these changes on its web site: www.mh.alabama.gov.

This announcement does not commit DMH to award a contract or pay any costs incurred in the preparation of proposals. DMH reserves the right to accept or reject, in whole or in part all proposals submitted, and/or to cancel this announcement. The contract award(s) shall be based upon the proposal(s) most advantageous to DMH.

Proposal Content

Instructions must be followed or responses will not be graded.

Each proposal is to contain **specific responses** to each of the requests listed in section **A-H,** and respondents are encouraged to respond fully to each inquiry, but to be as concise as possible. **Submit the response as instructed in the proposal.**

One original and one electronic copy (thumb drive) of your proposal must be received at the following address no later than **2pm** on **Friday, March 12, 2021.**

AL Dept. of Mental Health
Office of Contracts & Purchasing
RSA Union Building
100 North Union Street, Suite 570
Montgomery, AL 36104

Proposals must be clearly marked **Prevention Services for Community College Region (list region number).** All proposals received after the deadline will be returned unopened. **Postmarks of the date mailed are insufficient**.

The DMH assumes no responsibility for expenses incurred in the preparation of the proposal. The DMH reserves the right to reject any and all proposals. Additionally, the DMH reserves the right to waive irregularities in any proposals and request clarification of any information, and negotiate with the firm and/or individual submitting the best proposal to secure more favorable conditions.

Evaluation Process

A review committee will examine each eligible proposal submitted. The DMH may elect to conduct interviews with finalists. DMH expects a final selection on or around the end of **April 2021.**

Evaluation Criteria

Proposals will be evaluated based on their responsiveness to the items contained in the content section of this Request for Proposal. It is expected that the review committee will rate responses according to the following ways:

A. Cover Page (Applicant cover page includes the name of the submitting agency; contact person; address, phone number, fax number, and email of contact person; date of submission; and regional area. Not to exceed 1 page.) (**5 Points)**

B. Abstract (Applicants must provide a single page abstract within the region that includes: the priority(ies) being addressed; the prevention strategies to address *the priority(ies)* by region/community college; who the priority(ies) will primarily focus on *i.e.* high-risk population; college students; transition-age youth; American Indian/Alaska Natives; ethnic minorities experiencing health and behavioral health disparities; service members, veterans, and their families; LGBT individuals; or other data driven population by region/community college; an overview of the goals for the priority(ies) by region/community college; anticipated number of people to be served by region/community college; and a summary of the project (In the introduction of your abstract, include summary of your project that can be used, if your project is funded, in publications, reporting to federal partners, or press releases. Not to exceed 10 pages.) **(5 Points)**

C. SPF Steps 1-5 (Applicant completes the provided template (Appendix 3) describing which CSAP strategy (ies) will be utilized to address the identified priority (ies). The assessment data is comprehensive and gleaned from multiple national, state, county, city, municipality, etc. data sources and is comprehensive in nature, clearly supporting the selection of the area of focus and the selected priority. Capacity to implement is articulated in the named stakeholders.) **(45 Points)**

D. Personnel (Applicant provides table listing the personnel name, years of experience, education, credentials, level of effort, and position demonstrating capacity to implement the proposed programming. Maximum scoring will be computed based on staff members who have required CEUs in the outlined coursework, attained prevention credentials, with consideration to years of experience and education.) **(20 Points)**

E. Compliance (Applicants provide a copy of the prevention specific site certification review scores for the last five site visits (newly established agencies, provide scores for the number of visits since establishing certification to include initial operating authority.) **(50 Points)**

 F. Performance Sustainability (Applicants provide a table listing awards, awarding entity(ies), designation of awarding entity (i.e. federal, state, local or private), year of award, number of years awarded, and monetary value of all prevention specific grants or funding outside of the SABG received in the last five years from federal, state, local, and private foundations.) **(35 Points)**

G. Performance Awards and Recognition (Applicant provides a table listing to include name of recognition, awarding entity, designation of awarding entity (i.e. federal, state, local or private), year of recognition, of all prevention related recognitions received by the agency in the last five years from federal, state, local, and private foundations.) **(15 Points)**

H. Budget (Using the provided template, applicants provide a detailed budget that demonstrates by line item the proposed utilization of funding towards the CSAP strategies (information dissemination, environmental, community based processes, education, problem identification and referral and alternatives), travel, contractual, and operating expense utilizing the form provided. A narrative justifying the travel, contractual, and operating expense should be included.) A minimum of 80% of the total award must be designated towards CSAP strategy implementation with the identified college campus. **(25 Points)**

Evaluation Criteria	Page Requirement	Points
A. Cover page	Not to exceed 1 pg.	5
B. Abstract	Not to exceed 10 pgs.	5
C. SPF Steps 1-2	NA	45
D. Personnel	NA	20
E. Compliance	NA	50
F. Performance Sustainability	NA	35
G. Performance Awards & Recognition	NA	15
H. Budget	NA	25
Total		**200**

Selection Criteria

Selection shall be based on the factors to be developed by the procuring state entity, which may include among others, the following:

1. Specialized expertise, capabilities, and technical competence, as demonstrated by the proposed approach and methodology to meet project requirements.
2. Resources available to perform the work, including any specialized services within the specified time limits for the project.
3. Record of past performance, quality of work, ability to meet schedules, cost control and contract administration.
4. Primary physical agency resides in regional project locale.
5. Primary physical agency resides within 30 mile radius of proposed college campus.
6. Proposed project management techniques.
7. Ability and proven history in handling special project contracts.

Appendix 1 – Regional Map

Appendix 2 – Funding Allocation Amounts per Region

Region	Allocation
I	$125,000
II	$125,000
III	$125,000
IV	$125,000

For a complete listing of the Alabama Community College System and location, please see https://www.accs.edu/community-college/find-college/

Appendix 3

SPF Steps 1-5

ADMINISTRATION

1. County within region:

2. Is there a prevention planning committee, advisory board, etc?

☐ Yes, Identify / Explain:

☐ No

3. Does your community have a coalition and/or active Children's Policy Council with whom you meet and collaborate?

☐ Yes, Identify / Explain:

☐ No

4. Indicate how the Department of Education "At-Risk" funding is being utilized? This information may be found at: http://www.alsde.edu. Please direct your attention to the "Sections" link and proceed to "Prevention & Support Services" webpage.

5. Do any of the counties you serve receive a Drug Free Communities funding?

☐ Yes, Identify / Explain:

☐ No

6. Identify the CSAP Strategy(ies) that your plan will encompass.

☐ Information Dissemination

☐ Education

☐ Alternatives

☐ Problem Identification and Referral

☐ Community Based Processes

☐ Environmental

7. Focus of efforts for this strategy.

☐ High-risk population

☐ College students
☐ Transition-age youth
☐ American Indian/Alaska Natives
☐ Ethnic minorities experiencing health and behavioral health disparities
☐ Service members, veterans, and their families
☐ LGBT individuals
☐ Other data driven population by county: _____(Identify)

8. Select the priority(ies) of focus for this strategy.

☐ Promote emotional health and wellness, prevention or delay the onset of complications from substance use and mental illness and identify and respond to emerging behavioral health issues;

☐ Prevent and reduce underage drinking and young adult problem drinking;

☐ Prevent and reduce attempted suicides and deaths by suicide (emphasis on populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives); and/or

☐ Prevent and reduce prescription drug and illicit opioid misuse and abuse.

9. ASSESSMENT. Assessment involves the systematic gathering and examination of data related to substance use and related problems, as well as related conditions and consequences in the community. Assessing the problems means pinpointing where the problems are in the community, as well as the populations that are affected. It also means examining the conditions within the community that put it at risk for problems, and identifying conditions that now or in the future could protect against the problems. Based on the assessment of need, resources, and readiness, this will help you identify the priority(ies) on which to focus prevention efforts.

List the Supporting Data next to the Data Source that supports Assessment of Need. Sound assessment includes data representing the following: national data, state, county, city and community.

AEOW Epidemiological Profile (AL Dept of Mental Health)

AYP / ARMT (AL State Department of Education)

Census Data (census.gov)

Community Mapping

Compliance Data (Alcohol Beverage Control ie ABC)

County Health Rankings

Department of Justice

Free and Reduced Lunch Data

Graduation Rate

Juvenile Arrests (acjic.alabama.gov)

Kids Count

Local CPC Assessment

Morbidity & Mortality Weekly (Center for Disease Control)

National Survey on Drug Use and Health (SAMHSA)

ONDCP (Alabama Drug Control Update)

Police Incidence Reports (DUI, Drug Possession & Sales, Public nuisances, etc)

Poverty

PRIDE

Student Incident Reports

Treatment Admissions

YRBS

Vendor Density (ABC)

Other, specify

10. CAPACITY. Communities must have the capacity—that is, the resources and readiness—to support the prevention programs, policies, and strategies they choose to address identified substance use problems. Capacity will not only improve the effectiveness of prevention activities in the short term, but also help to ensure the sustainability of prevention efforts. Capacity building involves mobilizing human, organizational, and financial resources to meet project goals.

List the Community Partner/Stakeholder and the Service(s) they provide.

Community Partner/Stakeholder

Service Provided

Community Partner/Stakeholder

Service Provided

Community Partner/Stakeholder

Service Provided

Community Partner/Stakeholder

Service Provided

Community Partner/Stakeholder

Service Provided

INFORMATION DISSEMINATION

Select the Risk Factor(s) that are applicable to the target priority for this strategy.

☐ Availability of Drugs

☐ Availability of Firearms

☐ Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime

☐ Media Portrayals of Violence

☐ Transitions and Mobility

☐ Low Neighborhood Attachment and Community Disorganization

☐ Extreme Economic Deprivation

☐ Family History of the Problem Behavior

☐ Family Management Problems

☐ Family Conflict

☐ Favorable Parental Attitudes and Involvement in the Problem Behavior

☐ Early and Persistent Antisocial Behavior

☐ Academic Failure Beginning in Late Elementary School

☐ Lack of Commitment to School

☐ Alienation and Rebelliousness

☐ Friends Who Engage in the Problem Behavior

☐ Favorable Attitudes Toward the Problem Behavior

☐ Early Initiation of the Problem Behavior

☐ Constitutional Factors

PLANNING. Planning is pivotal to prevention success. Planning will increase the effectiveness of prevention efforts—by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction, as needed. If done carefully, planning will also make future evaluation tasks much easier. Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance use prevention needs of the community.

Select the Target Population(s) that are applicable to the target priority for this strategy.

☐ Caucasian

☐ African American

☐ Native Hawaiian/Other Pacific Islander

☐ Asian

☐ American Indian/Alaska Native

☐ More than one race

☐ Race not known or other

Identify the most appropriate IOM group identifier for the selected target population. Universal (General Population), Selected (Population with Higher Risk), Indicated (High Risk Individual).

☐ Universal

☐ Selected

☐ Indicated

PLANNING. Briefly detail the plan for the target priority for this strategy: (to include the Evidence-Based Program/Practices as applicable). Please note that you will outline your goal(s), objective(s), and activities in questions that follow.

IMPLEMENTATION. Implementation is where the rubber hits the road—it's where you do what you've said your going to do. The focus in on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. Identify your goal for the target priority for this strategy.

Goal:

Identify your objective(s) for the target priority for this strategy based on the goal listed above.

Objective:

Identify the activities that will address the objective you listed earlier for the target priority for this strategy.

Activities:

☐ Brochures, pamphlets, posters, & flyers

☐ Clearinghouse/information resource centers

☐ Community resource directories

☐ Health fairs and other health promotion

☐ information lines/Hot lines

☐ Information through websites

☐ information based

☐ media campaign

☐ Media Campaigns

☐ Newspaper and newsletter articles

☐ Radio and TV public service announcements

☐ Speaking engagements

☐ Other (please specify)

Identify the community size for the target priority for this strategy.

Community Size:

☐ 0 - 5,000
☐ 5,001 - 10,000
☐ 10,001 - 20,000
☐ 20,001 - 30,000
☐ 30,001 - 40,000
☐ 40,001 - 50,000
☐ 50,001 or more

Identify the community type for the target priority for this strategy.

Community Type:

☐ Rural: of, relating to, or characteristic of the country or country life.
☐ Urban: of, pertaining to, or designating a city or town.
☐ Suburban: pertaining to, inhabiting, or being in a suburb or the suburbs of a city or town.

Identify the city and county for the target priority for this strategy.

City and County:

EVALUATION. Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Evaluation helps organizations recognize what they have done well and what areas need improvement.

Identify specific performance indicators in a bulleted format that will be used to determine if the stated goals are achieved.

Examples: Increase in the number of underage drinking PSAs in Montgomery county; Develop & disseminate community resource directory for Houston county; Host an information-based media campaign on Fox 32 in Jefferson county about the nature and extent of prescription drug misuse across the lifespan.

Performance Indicator:

EVALUATION. Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.

Examples: Establish a baseline of the number of underage drinking PSAs in Montgomery county during FY12; Increase the number of underage drinking PSAs in Montgomery county by 20%. By March 1, 2013 agency X will develop a community resource directory for Houston county; By March 30, 2013 agency X will disseminate the community resource directory to 50% of churches in Houston county; By Nov. 1, 2013 an information-based media campaign will air on Fox 32 in Jefferson county about the nature and extent of prescription drug misuse across the lifespan.

Description of Collecting and Measuring Changes in Performance Indicator:

EDUCATION

Select the Risk Factor(s) that are applicable to the target priority for this strategy.

☐ Availability of Drugs

☐ Availability of Firearms

☐ Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime

☐ Media Portrayals of Violence

☐ Transitions and Mobility

☐ Low Neighborhood Attachment and Community Disorganization

☐ Extreme Economic Deprivation

☐ Family History of the Problem Behavior

☐ Family Management Problems

☐ Family Conflict

☐ Favorable Parental Attitudes and Involvement in the Problem Behavior

- ☐ Early and Persistent Antisocial Behavior

- ☐ Academic Failure Beginning in Late Elementary School

- ☐ Lack of Commitment to School

- ☐ Alienation and Rebelliousness

- ☐ Friends Who Engage in the Problem Behavior

- ☐ Favorable Attitudes Toward the Problem Behavior

- ☐ Early Initiation of the Problem Behavior

- ☐ Constitutional Factors

PLANNING. Planning is pivotal to prevention success. Planning will increase the effectiveness of prevention efforts—by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction, as needed. If done carefully, planning will also make future evaluation tasks much easier. Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance use prevention needs of the community.

Select the Target Population(s) that are applicable to the target priority for this strategy.

- ☐ Caucasian

- ☐ African American

- ☐ Native Hawaiian/Other Pacific Islander

- ☐ Asian

- ☐ American Indian/Alaska Native

- ☐ More than one race

- ☐ Race not known or other

Identify the most appropriate IOM group identifier for the selected target population. Universal (General Population), Selected (Population with Higher Risk), Indicated (High Risk Individual).

- ☐ Universal

- ☐ Selected

- ☐ Indicated

PLANNING. Briefly detail the plan for the target priority for this strategy: (to include the Evidence-Based Program/Practices as applicable). Please note that you will outline your goal(s), objective(s), and activities in questions that follow.

IMPLEMENTATION. Implementation is where the rubber hits the road—it's where you do what you've said your going to do. The focus in on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. Identify your goal for the target priority for this strategy.

Goal:

Identify your objective(s) for the target priority for this strategy based on the goal listed above.

Objective:

24. Identify the activities that will address the objective listed previously for the target priority for this strategy.
Activities:

☐ Community service activities

☐ Interactive technologies

☐ Community and volunteer workshops

☐ Parenting and family management classes

☐ Ongoing classroom and/or small group sessions

☐ Peer leader/peer helper programs

☐ Education programs for youth groups

☐ Children of substance users groups

☐ Life skills

☐ Other (please specify)

Identify the community size for the target priority for this strategy.
Community Size:

☐ 0 - 5,000
☐ 5,001 - 10,000
☐ 10,001 - 20,000
☐ 20,001 - 30,000
☐ 30,001 - 40,000
☐ 40,001 - 50,000
☐ 50,001 or more

Identify the community type for the target priority for this strategy.
Community Type:

☐ Rural: of, relating to, or characteristic of the country or country life.
☐ Urban: of, pertaining to, or designating a city or town.
☐ Suburban: pertaining to, inhabiting, or being in a suburb or the suburbs of a city or town.

Identify the city and county for the target priority for this strategy.
City and County:

EVALUATION. Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Evaluation helps organizations recognize what they have done well and what areas need improvement.

Identify specific performance indicators in a bulleted format that will be used to determine if the stated goals are achieved.

Examples:
Increase in the number of education programs for UAD for youth in Montgomery county; and Increase in peer education on UAD in city of Pike Road.

Performance Indicator:

EVALUATION. Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.

Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.
Examples:
Establish a baseline of the number of UAD programs for youth in Montgomery county during FY12; Increase the number of UAD programs for youth in Montgomery county by 20%.
Establish a baseline of the number of UAD peer education programs for youth in Pike Road during FY12; Increase the number of UAD peer education programs for youth in Pike Road during FY12.

Description of Collecting and Measuring Changes in Performance Indicator:

ALTERNATIVE ACTIVITIES

Select the Risk Factor(s) that are applicable to the target priority for this strategy.

☐ Availability of Drugs

☐ Availability of Firearms

☐ Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime

☐ Media Portrayals of Violence

☐ Transitions and Mobility

☐ Low Neighborhood Attachment and Community Disorganization

☐ Extreme Economic Deprivation

☐ Family History of the Problem Behavior

- ☐ Family Management Problems
- ☐ Family Conflict
- ☐ Favorable Parental Attitudes and Involvement in the Problem Behavior
- ☐ Early and Persistent Antisocial Behavior
- ☐ Academic Failure Beginning in Late Elementary School
- ☐ Lack of Commitment to School
- ☐ Alienation and Rebelliousness
- ☐ Friends Who Engage in the Problem Behavior
- ☐ Favorable Attitudes Toward the Problem Behavior
- ☐ Early Initiation of the Problem Behavior
- ☐ Constitutional Factors

PLANNING. Planning is pivotal to prevention success. Planning will increase the effectiveness of prevention efforts—by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction, as needed. If done carefully, planning will also make future evaluation tasks much easier. Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance use prevention needs of the community.

Select the Target Population(s) that are applicable to the target priority for this strategy.

- ☐ Caucasian
- ☐ African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ More than one race
- ☐ Race not known or other

Identify the most appropriate IOM group identifier for the selected target population. Universal (General Population), Selected (Population with Higher Risk), Indicated (High Risk Individual).

- ☐ Universal
- ☐ Selected
- ☐ Indicated

PLANNING. Briefly detail the plan for the target priority for this strategy: (to include the Evidence-Based Program/Practices as applicable). Please note that you will outline your goal(s), objective(s), and activities in questions that follow.

IMPLEMENTATION. Implementation is where the rubber hits the road—it's where you do what you've said your going to do. The focus in on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. Identify your goal for the target priority for this strategy.

Goal:

Identify your objective(s) for the target priority for this strategy based on the goal listed above.

Objective:

Identify the activities that will address the objective listed in item 23 for the target priority for this strategy.
Activities:

☐ Community service activities

☐ Culturally-based activities

☐ Drug free dances and parties

☐ Intergenerational events and celebrations

☐ Job shadowing, internships, work place experiences

☐ Leadership activities

☐ Mentoring programs

☐ Outward Bound

☐ Recognition events that celebrate individual or group accomplishments

☐ Social & recreation activities

☐ Youth centers & community drop-in centers

☐ Other (please specify)

25. Identify the community size for the target priority for this strategy. Community Size:

☐ 0 - 5,000
☐ 5,001 - 10,000
☐ 10,001 - 20,000
☐ 20,001 - 30,000
☐ 30,001 - 40,000
☐ 40,001 - 50,000
☐ 50,001 or more

26. Identify the community type for the target priority for this stategy. Community Type:

☐ Rural: of, relating to, or characteristic of the country or country life.
☐ Urban: of, pertaining to, or designating a city or town.
☐ Suburban: pertaining to, inhabiting, or being in a suburb or the suburbs of a city or town.

27. Identify the city and county for the target priority for this strategy. City and County:

28. EVALUATION. Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Evaluation helps organizations recognize what they have done well and what areas need improvement.

Identify specific performance indicators in a bulleted format that will be used to determine if the stated goals are achieved.

Examples:
Increase in the number of community service activities to engage community on risks of UAD in Montgomery county;
Increase in the number of intergenerational events in Jefferson county around prescription drug misuse across the lifespan.

Performance Indicator:

29. EVALUATION. Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.

Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.
Examples:
Community service activities engaging community on risks of UAD will increase by 40% by the end of FY14.
Intergenerational events in Jefferson county on prescription drug misuse across the lifespan will increase by 30% by the end of FY13.

Description of Collecting and Measuring Changes in Performance Indicator:

PROBLEM IDENTIFICATION AND REFERRAL

Select the Risk Factor(s) that are applicable to the target priority for this strategy.

☐ Availability of Drugs

- ☐ Availability of Firearms
- ☐ Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime
- ☐ Media Portrayals of Violence
- ☐ Transitions and Mobility
- ☐ Low Neighborhood Attachment and Community Disorganization
- ☐ Extreme Economic Deprivation
- ☐ Family History of the Problem Behavior
- ☐ Family Management Problems
- ☐ Family Conflict
- ☐ Favorable Parental Attitudes and Involvement in the Problem Behavior
- ☐ Early and Persistent Antisocial Behavior
- ☐ Academic Failure Beginning in Late Elementary School
- ☐ Lack of Commitment to School
- ☐ Alienation and Rebelliousness
- ☐ Friends Who Engage in the Problem Behavior
- ☐ Favorable Attitudes Toward the Problem Behavior
- ☐ Early Initiation of the Problem Behavior
- ☐ Constitutional Factors

PLANNING. Planning is pivotal to prevention success. Planning will increase the effectiveness of prevention efforts—by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction, as needed. If done carefully, planning will also make future evaluation tasks much easier. Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance use prevention needs of the community.

Select the Target Population(s) that are applicable to the target priority for this strategy.

- ☐ Caucasian
- ☐ African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ More than one race
- ☐ Race not known or other

Identify the most appropriate IOM group identifier for the selected target population. Universal (General Population), Selected (Population with Higher Risk), Indicated (High Risk Individual).

- ☐ Universal

☐ Selected

☐ Indicated

PLANNING. Briefly detail the plan for the target priority for this strategy: (to include the Evidence-Based Program/Practices as applicable). Please note that you will outline your goal(s), objective(s), and activities in questions that follow.

IMPLEMENTATION. Implementation is where the rubber hits the road—it's where you do what you've said your going to do. The focus in on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. Identify your goal for the target priority for this strategy.

Goal:

Identify your objective(s) for the target priority for this strategy based on the goal listed above.

Objective:

Identify the activities that will address the objective listed above for the target priority for this strategy.
Activities:

☐ Alcohol information schools

☐ Crisis lines or hotlines

☐ Depression and mental health screening programs

☐ Driving while intoxicated education programs

☐ Driving while under the influence/while intoxicated programs

☐ Employee Assistance Programs

☐ Nicotine use and addiction screening

☐ Student Assistance Programs

☐ Support groups, talking/healing circles

☐ Other (please specify)

Identify the community size for the target priority for this strategy.
Community Size:

☐ 0 - 5,000
☐ 5,001 - 10,000
☐ 10,001 - 20,000
☐ 20,001 - 30,000
☐ 30,001 - 40,000
☐ 40,001 - 50,000
☐ 50,001 or more

Identify the community type for the target priority for this strategy.
Community Type:

☐ Rural: of, relating to, or characteristic of the country or country life.
☐ Urban: of, pertaining to, or designating a city or town.
☐ Suburban: pertaining to, inhabiting, or being in a suburb or the suburbs of a city or town.

Identify the city and county for the target priority for this strategy.
City and County:

EVALUATION. Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Evaluation helps organizations recognize what they have done well and what areas need improvement.

Identify specific performance indicators in a bulleted format that will be used to determine if the stated goals are achieved.

Examples:
Report number of crisis line or hotline calls receiving for individuals displaying the warning signs or are experiencing problems as a result of engaging in risky behaviors.

Performance Indicator:

EVALUATION. Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.

Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.
Examples:
Develop a year end report on number/type of crisis line or hotline calls received for individuals displaying the warning signs or are experiencing problems as a result of engaging in risky behaviors.

Description of Collecting and Measuring Changes in Performance Indicator:

COMMUNITY-BASED PROCESS STRATEGY

Select the Risk Factor(s) that are applicable to the target priority for this strategy.

- [ ] Availability of Drugs
- [ ] Availability of Firearms
- [ ] Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime
- [ ] Media Portrayals of Violence
- [ ] Transitions and Mobility
- [ ] Low Neighborhood Attachment and Community Disorganization
- [ ] Extreme Economic Deprivation
- [ ] Family History of the Problem Behavior
- [ ] Family Management Problems
- [ ] Family Conflict
- [ ] Favorable Parental Attitudes and Involvement in the Problem Behavior
- [ ] Early and Persistent Antisocial Behavior
- [ ] Academic Failure Beginning in Late Elementary School
- [ ] Lack of Commitment to School
- [ ] Alienation and Rebelliousness
- [ ] Friends Who Engage in the Problem Behavior
- [ ] Favorable Attitudes Toward the Problem Behavior
- [ ] Early Initiation of the Problem Behavior
- [ ] Constitutional Factors

PLANNING. Planning is pivotal to prevention success. Planning will increase the effectiveness of prevention efforts—by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction, as needed. If done carefully, planning will also make future evaluation tasks much easier. Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance use prevention needs of the community.

Select the Target Population(s) that are applicable to the target priority for this strategy.

- [ ] Caucasian
- [ ] African American
- [ ] Native Hawaiian/Other Pacific Islander
- [ ] Asian
- [ ] American Indian/Alaska Native
- [ ] More than one race
- [ ] Race not known or other

Identify the most appropriate IOM group identifier for the selected target population. Universal (General Population), Selected (Population with Higher Risk), Indicated (High Risk Individual).

☐ Universal

☐ Selected

☐ Indicated

PLANNING. Briefly detail the plan for the target priority for this strategy: (to include the Evidence-Based Program/Practices as applicable). Please note that you will outline your goal(s), objective(s), and activities in questions that follow.

IMPLEMENTATION. Implementation is where the rubber hits the road—it's where you do what you've said your going to do. The focus in on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. Identify your goal for the target priority for this strategy.

Goal:

Identify your objective(s) for the target priority for this strategy based on the goal listed above.

Objective:

Identify the activities that will address the objective listed in above for the target priority for this strategy.
Activities:

☐ Efforts to decrease barriers to services

☐ Youth-Adult partnerships addressing community issues

☐ Needs assessments & community readiness surveys

☐ Community and volunteer training

☐ Cross-systems planning

☐ Multi-agency coordination and collaboration / coalition

☐ Community team building activities

☐ Accessing services and funding

☐ Coalitions, collaborations and/or wellness teams

☐ Other (please specify)

Identify the community size for the target priority for this strategy.
Community Size:

☐ 0 - 5,000
☐ 5,001 - 10,000
☐ 10,001 - 20,000
☐ 20,001 - 30,000
☐ 30,001 - 40,000
☐ 40,001 - 50,000
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Identify the city and county for the target priority for this strategy.
City and County:

EVALUATION. Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Evaluation helps organizations recognize what they have done well and what areas need improvement.

Identify specific performance indicators in a bulleted format that will be used to determine if the stated goals are achieved.
Examples:
Enhance community capacity through collaborative efforts with local coalition.

Performance Indicator:

EVALUATION. Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.
Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.
Examples:
Number of collaborative efforts with local coalition.

Description of Collecting and Measuring Changes in Performance Indicator:

ENVIRONMENTAL ACTIVITIES

Select the Risk Factor(s) that are applicable to the target priority for this strategy.

☐ Availability of Drugs

☐ Availability of Firearms

☐ Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime

- ☐ Media Portrayals of Violence
- ☐ Transitions and Mobility
- ☐ Low Neighborhood Attachment and Community Disorganization
- ☐ Extreme Economic Deprivation
- ☐ Family History of the Problem Behavior
- ☐ Family Management Problems
- ☐ Family Conflict
- ☐ Favorable Parental Attitudes and Involvement in the Problem Behavior
- ☐ Early and Persistent Antisocial Behavior

- ☐ Academic Failure Beginning in Late Elementary School
- ☐ Lack of Commitment to School
- ☐ Alienation and Rebelliousness
- ☐ Friends Who Engage in the Problem Behavior
- ☐ Favorable Attitudes Toward the Problem Behavior
- ☐ Early Initiation of the Problem Behavior
- ☐ Constitutional Factors

PLANNING. Planning is pivotal to prevention success. Planning will increase the effectiveness of prevention efforts—by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction, as needed. If done carefully, planning will also make future evaluation tasks much easier. Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance use prevention needs of the community.

Select the Target Population(s) that are applicable to the target priority for this strategy.

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- ☐ African American
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- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ More than one race
- ☐ Race not known or other

Identify the most appropriate IOM group identifier for the selected target population. Universal (General Population), Selected (Population with Higher Risk), Indicated (High Risk Individual).

- ☐ Universal

☐ Selected

☐ Indicated

PLANNING. Briefly detail the plan for the target priority for this strategy: (to include the Evidence-Based Program/Practices as applicable). Please note that you will outline your goal(s), objective(s), and activities in questions that follow.

IMPLEMENTATION. Implementation is where the rubber hits the road—it's where you do what you've said your going to do. The focus in on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. Identify your goal for the target priority for this strategy.

Goal:

Identify your objective(s) for the target priority for this strategy based on the goal listed above.

Objective:

Identify the activities that will address the objective listed above for the target priority for this strategy.
Activities:

☐ Changing norms or attitudes about ATOD

☐ Changing public perceptions and norms about youth and their capabilities

☐ Changing school norms and attitudes to increase a positive school climate

☐ Media strategies to assure balanced responsible reporting about you

☐ Vendor education or business practices that promote health

☐ Promoting the establishments or review of alcohol, tobacco, and drug use policies in schools.

☐ Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco and other drugs.

☐ Modifying alcohol and tobacco advertising practices

☐ Product pricing strategies

☐ Other (please specify)

Identify the community size for the target priority for this strategy.
Community Size:

☐ 0 - 5,000
☐ 5,001 - 10,000
☐ 10,001 - 20,000
☐ 20,001 - 30,000
☐ 30,001 - 40,000
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Identify the city and county for the target priority for this strategy.
City and County:

EVALUATION. Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Evaluation helps organizations recognize what they have done well and what areas need improvement.

Identify specific performance indicators in a bulleted format that will be used to determine if the stated goals are achieved.
Examples:

Recruitment of female and minority participation in ABC Board minor operative checks.
Performance Indicator:

EVALUATION. Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.

Identify how you will collect and measure change(s) in each performance indicator in a bulleted format.
Examples:

Increase in the number of female and minority participation in ABC Board minor operative checks.

Description of Collecting and Measuring Changes in Performance Indicator:

Appendix 4

Budget Template

This template is a MS Excel document. A copy is available on the ADMH website, https://mh.alabama.gov/prevention-budget-request-template/ listed as Prevention Budget Request template.